



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)	Attorney Docket Number	PC11004A		
			First Named Inventor	PHILLIP B. CHAPPELL		
			COMPLETE IF KNOWN			
			Application Number	NOT YET ASSIGNED		
			Filing Date	HEREWITH		
			Group Art Unit	NOT YET ASSIGNED		
		Examiner Name	NOT YET ASSIGNED			

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL USES FOR FLUOROALKOXYBENZYLAMINO DERIVATIVES OF NITROGEN CONTAINING HETEROCYCLES

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
U.S. 60/201,591 U.S. 60/237,780	May 3, 2000 October 4, 2000	

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Robert T. Ronau	36,257
Raymond M. Speer	26,810	Michelle A. Sherwood	36,271
Israel Nissenbaum	27,582	Gregory P. Raymer	36,647
J. Trevor Lumb	28,567	Garth Butterfield	36,997
Lawrence C. Akers	28,587	Alan L. Koller	37,371
Paul H. Ginsburg	28,718	Todd M. Crissey	37,807
James T. Jones	30,561	A. David Joran	37,858
Raymond D. Thompson	30,695	Kristina L. Konstas	37,864
Gregg C. Benson	30,977	Arlene K. Musser	37,895
A. Dean Olson	31,185	B. Timothy Creagan	39,156
Robert F. Sheyka	31,304	Carl J. Goddard	39,203
Grover F. Fuller Jr.	31,760	Jennifer A. Kispert	40,049
Martha A. Gammill	31,820	Gabriel L. Kleiman	40,681
Seth H. Jacobs	32,140	Jeffrey N. Myers	41,213
Mervin E. Brokke	32,723	Adrian G. Looney	41,406
Karen DeBenedictis	32,977	Robert T. Barker	41,597
Valerie M. Fedowich	33,688	Roy F. Waldron	42,208
Bryan C. Zielinski	34,462	Deborah A. Martin	44,222
Lorraine B. Ling	35,251	Elsa Djuardi	45,963
Jolene W. Appleman	35,428	Donna R. Grossu	47,248
E. Victor Donahue	35,492	Martha G. Munchhof	47,811

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name	Paul H. Ginsburg				
Address	Pfizer Inc				
Address	235 East 42nd Street, 20th Floor				
City	New York	State	New York	Zip Code	10017-5755
Country	United States Of America	Telephone	(212)573-2369	Fax	(212)573-1939

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
Phillip Branch				CHAPPELL			
Inventor's Signature						Date	
Residence: City	Guilford	State	CT	Country	U.S.A.	Citizenship	U.S.
Post Office Address	153 Elm Street						
Post Office Address							
City	Guilford	State	CT	Zip	06437	Country	U.S.A.

☒ Additional inventors are being named on the 2nd supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Brian Thomas		O'NEILL					
Inventor's Signature						Date	
Residence: City	Old Saybrook	State	CT	Country	U.S.A.	Citizenship	U.S.
Post Office Address	18 Clapboard Hill Road						
Post Office Address							
City	Old Saybrook	State	CT	Zip	06475	Country	U.S.A.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Mario David		SALTARELLI					
Inventor's Signature						Date	
Residence: City	Mystic	State	CT	Country	U.S.A.	Citizenship	U.S.
Post Office Address	20 Willow Drive						
Post Office Address							
City	Mystic	State	CT	Zip	06355	Country	U.S.A.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	